

HEAD START & EARLY HEAD START ENROLLMENT APPLICATION

THE CHILD'S INFORMATION

☐ FIRST 5 ☐ EHS-CCP ☐ EHS ☐ HS ☐ LIFT

Child's Legal Name		First	Middle Initial	Last	
Child's Place of Birth (City, State)			Child's DOB (mm/dd/yyyy)		Sex
Child's Ethnicity	Child's Race		Child's Primary Language		Child's Secondary Language
Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Biracial/ Multi <input type="checkbox"/> Hispanic <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____

THE CHILD'S HOUSEHOLD FAMILY INFORMATION

1 Primary adult name		Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary Language if different from child		Secondary Language if Different from child
		Race			
2 Secondary adult (if any)		Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Parental Status: <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Foster parent
		Race			
Residential Address			Mailing Address (if different from Residential Address)		
City	State CA	Zip Code	City	State	Zip Code
Primary Phone Number (including area code)			Other Phone (including area code)		
Total in Family	Total # of Children		Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____		
Is your child related to a Preschool Services Department Employee? <input type="checkbox"/> No <input type="checkbox"/> Yes Employee Relationship to child: _____			If not homeless, date you moved in _____ Previous Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____		
Email Address:					

ELIGIBILITY INFORMATION

Family Receives : SSI YES <input type="checkbox"/> NO <input type="checkbox"/> TANF/CalWORKS YES <input type="checkbox"/> NO <input type="checkbox"/>		Check one if applicable: <input type="checkbox"/> Medi-cal <input type="checkbox"/> IEHP <input type="checkbox"/> Healthy Families <input type="checkbox"/> Emergency <input type="checkbox"/> Other		Does Family Have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does family receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Family Receive CalFRESH (EBT)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Child Have Dental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about us? <input type="checkbox"/> Community Event <input type="checkbox"/> Flyer/Poster <input type="checkbox"/> School District <input type="checkbox"/> Community Partner Referral <input type="checkbox"/> Former Parent <input type="checkbox"/> Other Head Start <input type="checkbox"/> State Preschool <input type="checkbox"/> Facebook <input type="checkbox"/> Local Community Agency Referral <input type="checkbox"/> Public Advertisement <input type="checkbox"/> Family Friend <input type="checkbox"/> Mailings <input type="checkbox"/> Public Service Announcements (TV/Radio) <input type="checkbox"/> Other _____					

PARENT AND/OR GUARDIAN

INCOME SOURCE

1	<input type="checkbox"/> Employment <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other _____
2	<input type="checkbox"/> Employment <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other _____

PRENATAL INFORMATION

☐ N/A ☐ Pregnant before Enrollment ☐ First Pregnancy Expected delivery date: _____

ADULT HOUSEHOLD FAMILY MEMBER INFORMATION

(Please only include adults in the household supported by the income of the parent.)

(Enter Primary Adult First) First & Last Name	Date of Birth	How Related to Applicant	Sex	Education Level	Employment Status	Attending school/training
1						
2						
3						
4						

First & Last Name of Children in Home	How Related to Applicant	Date of Birth	Sex	Notes
1	Applied Child			
2				
3				
4				
5				
6				

INFORMATION	
At Least one parent/guardian is a member of the United States military on active duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
At least one parent/guardian is a veteran of the United States military <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of transportation do you use? Check one. <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other	
If available, is a Head Start school bus needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If needed, why?	
Children with special needs may receive priority for Head Start enrollment. Your disclosure of this information is strictly Voluntary.	
1. Does your child have a disability? _____ (If no, please go to question #6)	
2. Type of special need or disability _____	
3. Has the disability been professionally diagnosed? (If yes, at what age _____? By whom? _____)	
4. Does the child have an IFSP/IEP? _____	
5. Is the child receiving special services for the disability? _____	
6. In your opinion, does your child have a special need that has not yet been diagnosed?	
If yes, please explain: _____	
Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.	
Children and pregnant mothers that are determined to be eligible for the Early Head Start program are eligible until the child turns 3 years old (4 years old if the child is in family child care).	
Applicant Signature :	Date:

TO BE COMPLETED BY STAFF			
Initial Enrollment Program Year:	Center Name:	Family ID:	First Day Child Attended Class (Entry):
		Child ID:	
Acceptance Status (circle): Accept Denied	Program Type: <input type="checkbox"/> EHS <input type="checkbox"/> EHS-CCP <input type="checkbox"/> HS <input type="checkbox"/> First 5 <input type="checkbox"/> LIFT	Program Option <input type="checkbox"/> Home Base <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day	
Income Eligibility (select only one): <input type="checkbox"/> Income (below federal poverty guidelines) <input type="checkbox"/> Over-income Documents Verified (select as many as apply): <input type="checkbox"/> Check Stub <input type="checkbox"/> W2 <input type="checkbox"/> Written Statement from Employer <input type="checkbox"/> TANF/CalWORKs <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Document of no income <input type="checkbox"/> Other _____ Total Annual Income: \$ _____		Categorical Eligibility (select one): <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care CD 9600 date: _____ Documents Verified (select one): First date of subsidized service: _____ <input type="checkbox"/> Foster Care Reimbursement <input type="checkbox"/> Statement from homeless services provider <input type="checkbox"/> Other _____	
Birth Verified By Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Medi-cal Card <input type="checkbox"/> Other <input type="checkbox"/> _____		Age by September 1st:	Months at time of Enrollment (EHS & EHS-CCP only):
Verifying Staff Member Signature:		Print Name	Date:
Verifying Staff Member Signature (2nd year) :		Print Name	Date:
Parent confirms eligibility for 2 nd year of Head Start based on Head Start Regulations (1305.7(c))			
<input type="checkbox"/> In-person Interview <input type="checkbox"/> Phone Interview: _____ _____ _____			
Provide reason for phone interview in lieu of in-person interview			